





2 ISSUE NO. 4

MARCH-APR

A Bi-Monthly Newsletter



From the Desk of Managing Director

Greetings Indiana Hospital

Dear Readers,

It is indeed heartening to note that Indiana Pulse, the bi-monthly Newsletter, has become very popular in a very short span of time. We will continue our endeavour to update you with our achievements, happenings, etc through Pulse.

With the Summer setting in, falling sick in these months is very common. The change in weather also brings with it the fears of outbreak of seasonal diseases. So, in this Pulse we have specialists from our hospital talking about these summer illnesses and how to keep them at bay.

Trauma continues to be the leading cause of death. Indiana Hospital is equipped with a full-fledged, 24X7 Emergency Unit equipped with a mobile ICU. This issue of Pulse gives a spotlight on our Emergency Department. Plus, the issue is packed with all our regular features. Happy Reading!

Dr. Yusuf A. Kumble

Managing Director, Indiana Hospital & Heart Institute

# KEEP SUMMER ILLNESSES AT BAY



to your health. The months of summer usher in many diseases. Being aware of this fact, the Indiana Hospital is well prepared to deal with this and have specialist doctors adept at combating illnesses that come along with the blazing heat.

Summer is already upon us, and consequently, there is an increase in the number of food-borne and water-borne infections; viral infections like cold and sore throat, typhoid, chicken pox, heat allergies, as also a spike in the number of eye-related diseases, skin ailments, sunburn, fungal infections, etc.

Dr. Adithya Bharadwaj, Consultant Physician, says that food poisoning, heat stroke, skin rashes, jaundice, typhoid are common in Summer. Dr. Adithya avers, "The leading food poisoning causes is consumption of contaminated food or water. It spreads by bacteria, viruses, toxins, and chemicals which, post entering the human body, cause the onset of stomach pain, nausea, diarrhoea or vomiting. Raw meat, food sold in the open by roadside vendors, and contaminated

To Page 2

# Summer diseases on the prowl

#### • From Page 1

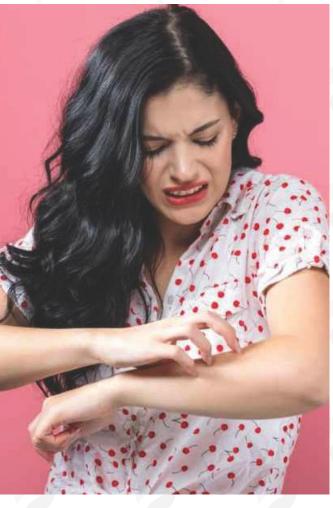
water are common carriers of disease causing microbes."

Elaborating about heat stroke, Dr. Adithya explains, "If on a hot summer day, you experience headache, drying of skin, cramps, weakness, vomitting, increased heart rate, or shallow breathing, it's quite possible you're suffering from a heat stroke. The very first sign of heat stroke is dizziness which is usually followed by a bunch of other symptoms such as nausea, seizures, etc. But when it turns severe, it usually leads to a condition of coma. The specialist physician has cautioned people to watch out for jaundice and typhoid. He says, "Jaundice is a common water-borne disease. It can be a result of

Hepatitis A and is mainly caused due the consumption of contaminated food and water. The visible symptoms include, yellow discoloration of the skin, mucous membranes and the whites of the eyes, light-colored stools, dark-colored urine and itchy skin." He adds, "Another of the common diseases in summer is typhoid. Through the oral-faecal route it is passed on to the healthy individuals. Visible symptoms of typhoid are: weakness, loss of

**Summer Diseases and Prevention** 

- Try to avoid activities outside the home during peak sun hours.
- Avoid exposure to direct sunlight and crowded areas.
- Increase water or liquid intake so as to prevent dehydration.
- Use sunscreen with a higher SPF to prevent skin damage.
- Avoid roadside food or contaminated water.
- Increase the consumption of fruits and vegetables.
- Prefer light-coloured, loose clothing as dark colors absorb heat.
- Keep your premises healthy and clean.



appetite, fatigue, pain in the abdomen and high fever. As a preventive measure vaccination is done to protect typhoid."

#### **COMMON SKIN DISEASES IN SUMMER**

With the summer heat comes a host of common skin issues. skin problems peculiar to the summer heat are acne breakouts, sun burn and suntan, Miliara or heat rash or prickly heat and fungal infections.

According to Dr. Shubha Dhanprakash, Consultant Dermatologist at Indiana Hospital, "During summer, body perspires more to keep the body temperature rise which in turn triggers the sebaceous glands to produce more oil (sebum) to keep skin moist. The oil blocks the skin pores and results in acne. Topical application is what will be sufficient to heal the acne, but at times you may need to take oral medications. Using salicylic acid-based wash helps to reduce oiliness. Wash sweaty clothes, headbands, towels, and caps before wearing them again. Use noncomedogenic products on your face, neck, back, and chest.

On sun burn and suntan, the skin specialist noted, "Constant exposure to sunrays can lead to skin tan as a defence mechanism to strong light. However, a severe form of this is sun burn which involves itching, redness and peeling. Basic precaution would be application of sunscreen with SPF 30 or more. A sunscreen when applied, no matter how high the SPF is, will protect the skin from the detrimental effects of the UV rays. Oral antioxidants and vitamin C can be of much help to prevent sun tan. Additional protection is done by avoiding sun exposure between 10am and 4pm, wearing light-coloured clothes which deflect the sun's rays, wearing broadrimmed hats and sun glasses."

Dr. Shubha Dhanprakash says that heat rashes, also known as prickly heat and medically known as miliaria, is caused by clogged sweat ducts in hot and humid weather, which means sweat can't leave the skin and evaporate and instead stays trapped in. The Fungal infection is another possibility during Summer. Dr. Shubha opines that the fungus grows in the top layer of the skin especially in a dark, moist, and warm environment like on the feet or the groin. She prescribes that one must get out of any sweaty clothes as soon as he/she can; wear clothings that "breathes well," such as cotton; apply absorbent powder in those sweat-prone areas as a preventive measure.

She sums up, "If the infection has developed, see a Dermatologist. Treating yourself with those over-the-counter creams may cause more harm and increase the resistance of these organisms." For eye care tips, please read a separate write-up on page 5.

#### How to prevent prickly heat

- Wear light-weight, loose-fitting cotton clothes.
- Try to keep your skin cool by cool showers.
- Avoid heavy creams or ointments that might block sweat ducts.
- Wear loose clothing while sleeping and ensure your bedroom is wellventilated.
- If you do get prickly heat, make sure to change out of sweaty or wet clothes, which can aggravate the rash. Cool compresses and calamine lotion work best.



# News Scan

# **Complex Liver Surgery Performed at Indiana**



Mangaluru: Doctors at Indiana Hospital have performed a complex Liver Surgery-Right Posterior Sectionectomy (removal of segment 6 and 7 liver) -- using the Kelly-clysis method. The 73-year-old male HCV positive cirrhosis patient, Moula of Murdeshwar (Bhatkal Taluka), who was diagnosed with Hepatocellular Carcinoma (HCC) of Liver Segment 6 and 7 (part of right lobe), the most common type of liver cancer, had approached Indiana for treatment.

Dr. Dharma Kumar K.G., Onco surgeon at Indiana Hospital, who performed the complicated surgery along with anaesthetist Dr. Shanfer, said the Right Posterior Sectionectomy is more complex and technically challenging than other major liver resections such as Right and Left Hepatectomy. However, post-

operative recovery and long-term outcomes are far better in the case of Posterior Sectionectomy when compared to major liver resections.

"This is mainly because the amount of liver resected is less compared to other major liver resections, and that helps in a patient recovering faster," Dr Dharma Kumar said, adding: "Surgical excision is the main mode of curative treatment for HCC if surgery is feasible and the patient's general condition permits."

Moula was discharged from the hospital on post-operative-day 8 without any surgery-related complications, and is now doing well.

Any kind of liver resection, per se, is complicated because of the organ's complex anatomy and its relation with the major blood vessels, and also because of the many physiological activities, such as excretory, metabolic and secretory functions, the liver carries out. Hence any kind of liver resection will have a profound effect on a patient's general condition, especially in a cirrhotic patient.

In Moula's case, Right Posterior Sectionectomy helped him recover fast. Had this 73-year-old cirrhotic patient been made to undergo a major resection, there was a high chance of him developing post-operative liver failure.

# CME Spotlights on **Paediatrics** and **Rheumatology**

Puttur: A CME on two relevant topics were conducted under aegis of the Indian Medical Association, Puttur, on January 25 at Rotary Trust hall, here. A CME's objective is to provide opportunities to update knowledge, skills and practices of health professionals.

Dr. Arun Varghese, Consultant Paediatric Intensivist, Indiana Hospital, put the spotlight on 'Common emergencies in paediatric practice' while Dr. Arifa Haleema Siddiqui, Consultant Rheumatologist, Indiana Hospital, focused on 'targeting Psoriatic Arthritis.' The event was patronised by Indiana Hospital, Mangaluru.

## **CME on Medical updates held**



Kasargod: A continuing medical education (CME) programme on Advanced Medical Updates was held on January 16, 2020 at Hotel Highway Castle, here. Dr. Yusuf Kumble, chief interventional cardiologist and managing director, Indiana Hospital, and Dr. Abdul Mansoor, consultant interventional cardiologist and HOD, Indiana Hospital, delivered talks on advanced medical updates in cardiology. The topic of 'Fighting against big C' was the focus of talk by Dr. Dharma Kumar K.G., consultant surgical oncologist. The event was patronised by Indiana Hospital and organised by IMA Chapter of Kasargod.

## CME conducted at Ujire

UJIRE: A CME event was held at SDM Hospital, Ujire on February 27, 2020. Dr. Dharma Kumar K.G., consultant surgical oncologist, spoke on 'Cancer in Rural India' while Dr. Apoorva Srijayadeva, consultant interventional gastroenterologist and hepatologist, Indiana Hospital, touched upon 'Interesting Cases.' The event was patronised by Indiana Hospital and organised by IMA Chapter of Belthangady.

# **Indiana Awarded NABH Nursing Excellence Accreditation**



Mangaluru: As a testimony to its high nursing standards, the Indiana Hospital has been awarded NABH Nursing Excellence Accreditation with effect from January end 2020 for two years. The accreditation is awarded by the National Accreditation Board for Hospitals and Healthcare Providers (NABH), a constituent board of the Quality Council of India, set up to establish and operate accreditation programmes for healthcare organisations.

An elated Mrs. Flavy Ida Pereira, Deputy

Nursing Superintendent at Indiana, observed: "Indiana has been making significant investments to empower our nurses and these initiatives have received validation and recognition in the form of NABH Nursing Excellence Certifications. Our strength of 150 nurses is our pride."

Said Sangeetha Lobo, Assistant Manager Quality at Indiana: "We continuously monitor our hospital's compliance with NABH standards for regulating, guiding and promoting professional nursing practices."

# Indiana Hosts Physiotherapy Camp for Spinal Cord Injured Patients



Mangaluru: 'Of the 200 identified cases of spinal cord injuries (SCI), 70 have been rehabilitated in the last two years by Sevadhama," said K. Vinayaka Rao, Sevabharati's founder and president. He was speaking at the inaugural function of the three-day medical check-up camp for SCI held at Indiana Hospital in association with Sevadhama, Sevabharati and Rotary Club of Downtown, Mangaluru on January 30.

On the occasion, Dr Yusuf Kumble, managing director, Indiana Hospital, assured the organisation support in addressing the challenges faced by people with spinal cord injuries (SCI). Dr Ali Kumble, chairman, Indiana Hospital,

said that such noble initiatives should be applauded. Dr Muralidhar Nayak, director, Sevadhama, Pareeneta Shenoy, president, Rotary Club of Downtown, Mangaluru, and Rayan Fernandez, director, Sevadhama, also spoke on the occasion. Dr Venkatesh Kumpala, HOD, physiotherapy department at Indiana, co-ordinated the event. The three-day camp attracted a large number of patients.

Sevadhama is a centre for rehabilitation of spinal cord injury, and it is based in Kanyadi, Dharmasthala in Dakshina Kannada. Its prime objective is to provide comprehensive rehabilitation and continuous care for SCI patients.

(www.sevabharathi.org).

# **ANNOUNCEMENTS**



Dr. Siddharth Joins
Indiana as Consultant adult & Paediatric Cardiothoracic Surgeon

Indiana Hospital and Heart Institute, Mangaluru announced the addition of Dr. Siddharth V.T., Consultant Cardiothoracic Surgeon, to its cardiology team. A native of Coimbatore, Dr. Siddharth obtained his MBBS from Kanyakumari Government Medical College, Nagercoil (Tamilnadu) and subsequently did his Master of Surgery as University topper at Kasturba Medical College, Manipal. He then secured an advanced qualification in surgery, M.Ch (CVTS), with a University gold medal from Madurai Medical College which is attached to the Government Rajaji Hospital, Madurai.

Before joining Indiana, Dr Siddharth worked as a junior cardiothoracic surgeon at GKNM Hospital, Coimbatore. He has authored scores of academic articles for conferences and for publications.

## Indiana gets new Paediatric Surgeon



# Dr. VijayMahantesh S. Samalad

Dr. VijayMahantesh S. Samalad recently joined Indiana Hospital as Consultant Paediatric and Neonatal Surgeon and Paediatric Urologist. Dr. VijayMahantesh after his MBBS and MS (general surgery) did MCh in Paediatric surgery from the prestigious institute of PGIMER, Chandigarh and followed it up with a training course in Paediatric Laparoscopy from Indira Gandhi Institute of Child Health, Bangalore. Subsequently he completed his fellowship in Paediatric Urology from M.G.R University at Chennai, and has been trained in Paediatric Urology and Robotic Surgery under Dr. V. Sripathi at Apollo Children's Hospital, Chennai.

Before joining Indiana, Dr. VijayMahantesh served as Paediatric and Neonatal Surgeon and Paediatric Urologist at the Nanjappa Multi-Specialty Hospital, Shivamogga.

## **INDIANA STAFF TAKE TO SPORT, FOR HEALTH AND CAMARADERIE**

The Indiana Hospital Annual Sports Day was held on Feb 23, 2020 at Padua High School ground, Nantoor, Mangaluru





Summers do take a toll on your entire body, but normally the organ most affected by the scorching heat is the eye. The excessive heat, light, dust and smoke during the summer can make life miserable. Hence people are advised to take extra precautions to protect their eyes during this period of the year. By Dr Shahida Banu Consultant phthalmologist at Indiana Hospital These some simple tips for you to stay safe and comfortable during summer months.

#### Use good sunglasses

The best way to protect your eyes from UVR exposure is to wear sunglasses that give 100-percent protection against both UVA and UVB rays. Too much exposure to UVR can cause photokeratitis or photo conjunctivitis (snow blindness). Continuous exposure to UVR, particularly to UVB rays, may cause cataract, pterygium or skin cancer of the eyelids.

#### Wash your face and Neuro properly

When you get indoors, it is advisable to wash your face with clean tap water or to keep a wet cloth over your eyelids.

Wash your hands, but avoid rubbing your eyes. This practice is important to avoid contracting eye-related conditions such as conjunctivitis.

Wash your hands thoroughly before you apply any medicine to your eyes, and avoid rubbing your eyes as much as possible. If you have conjunctivitis, be sure to wash your hands after applying eye drops or ointment; this would help avoid passing the disease onto others.

#### Wear hats

Even when you wear sunglasses, minimize the risk of exposure to sun by wearing a hat with a brim that is at least 3 inches wide. Consistent use of hats and sunglasses will significantly decrease exposure to UVR rays. Basal Cell Carcinoma (BCC) is a form of skin cancer that typically affects the eyelids. While it most commonly occurs on the lower eyelid, it can also develop in the corners of the eye or under the eyebrows.

Summer is here. The scorching heat can harm your eyes no end. Summer brings with it irritation of the eyes, allergy, conjunctivitis, etc. **Dr. Shahida Banu**, Consultant Ophthalmologist at Indiana Hospital, tells you how to protect your eyes.

#### Protect eyes against chemicals

Hand or body soap bubbles that pop near your eyes, spray paint that blows back into your face, splashing cleaning solutions, etc can cause a chemical burn on your eyes. Prevent exposure to chemicals by taking appropriate precautions. Wear protective goggles or eyewear whenever you are working with any kind of toxic chemicals. Take care to handle solutions delicately so that they do not splash.

The chlorine in the swimming pool can hurt your eyes. The simplest way to prevent this is to wear goggles when you get into the swimming pool. Wearing goggles is advisable even when you swim in the sea or such other places.

#### Keep children safe

Children are far more likely to spend time playing outside, particularly during summer. Apply regular sunscreen on your child's face whenever he or she goes out. Make them wear wide-brimmed hats as well as proper sunglasses. It is important to wear protective equipment to shield the face and eyes during outdoor activities like woodworking or yard-work. Sand also can cause aberration of eye surfaces.

#### Eat healthy food, drink water

There are many foods rich in nutrients that improve your eyesight and help prevent long-term vision problems. Lutein and Zeaxanthin are antioxidants known to help resist macular degeneration and cataracts. Adding a supplement or foods high in vitamin C, E and zinc can assist

those with symptoms of age-related macular degeneration.

Additionally, during summer months, people are more likely to become dehydrated. This can affect their eyes adversely, leading to dry eye symptoms and other vision problems. Drinking plenty of water can prevent and even reverse many of the negative effects of dehydration.

Dry eye symptoms may arise from temporary exposure to contaminants, or they could be a sign of something more serious, hence you should consult an ophthalmologist for proper diagnosis and management of the problem.

Many people, especially children, are allergic to pollen, and during summer a greater amount of pollen is released into the air than is normal. This along with the heat triggers allergic problems. The symptoms of such allergy are itching and redness of the eyes, and a burning sensation that forces people to rub their eyes vigorously. Frequent washing, avoiding rubbing of the eyes, avoiding dusty areas, wearing protective eye glasses, and the use of eye drops if required, can control this.

Symptoms of conjunctivitis include a gritty sensation (as if there are sand particles in the eyes) redness and watering and discharge from the eyes, as well as finding your eyelids glued together when you wake up in the morning.

Of late, instances of keratoconjunctivitis, a type of conjunctivitis that affects the cornea and causes defective vision, is on the rise. The symptoms are blurred vision, pain, sensitivity and aversion to light along with conjunctivitis. Always consult an Ophthalmologist for proper management of the problem. By taking a proactive approach to eye care during the hot summer months, you can minimise the amount of time you will need to spend on professional eye care.

# FOCUS

### ACCIDENT VICTIMS



# **CARING FOR ACCIDENT VICTIMS, THE INDIANA WAY**

Trauma continues to be the leading cause of mortality among people. Every year in India, on an average, 1.4 lakh lives are lost due to road accidents. This figure clearly underlines how valuable a trauma care centre facility is to local residents. The first hour of such an emergency, often called the 'golden hour', is widely regarded as the most critical for saving lives. A big percentage of fatalities can be averted if victims are admitted to a hospital within the first one hour.

Emergency is defined as any condition perceived by a prudent layperson, or someone on his or her behalf, as requiring immediate medical or surgical evaluation and treatment. It is in this backdrop that the Department of Emergency Medicine at Indiana Hospital comes as a godsend to victims.

Emergency medicine provides a better care within a period of time. Stressing the importance of saving the lives of those injured in accident, Dr. Salfi P.K., Consultant, Emergency Medicine, Indiana Hospital, said: "In trauma, there is a golden hour and a platinum hour. The platinum 10 minutes immediately after a mishap are very crucial. The first hour of such an emergency, often called the 'golden hour' is widely regarded as the most critical for saving lives."

He adds: "If patients are brought to the emergency unit on time, the outcome will be good. If the victims are brought to the hospital early enough, their subsequent Staffed with well-trained qualified emergency physicians, nurses and paramedics, the Emergency Medicine department in Indiana Hospital has carved a niche in the management of traumatic injuries



stay will be less, drugs will act fast, may require minimal investigations, cost will be less and the need for hospitalisation would be minimal. And thus, the treatment would be better. So, time is important in an emergency."

Dr. Salfi prescribes: "For any trauma injury, safety is important. So, shifting of the victim to a vehicle is important. We

should know the proper method to follow. Secure the head, chest, stabilise the leg and pelvis and hold the patient in a neutral position. We are training volunteers in these aspects."

Staffed with well-trained qualified emergency physicians, nurses and paramedics, the Emergency Medicine department in Indiana Hospital has carved a niche in the management of traumatic injuries. Says Dr Salfi, "Aimed at ensuring emergency care with compassion and human touch, the department can be accessed 24x7. It is equipped to handle a range of crisis, from minor and major to polytrauma, and has access to imaging and diagnostics services, operation theatres and 24-hour pharmacy."

The Full Trauma Team includes Emergency doctors, Orthopaedicians, Neuro surgeons, Vascular surgeons, Plastic surgeons, Intensivist, Radiologists. Indiana's comprehensive trauma care and management offers a gamut of facilities including TRIAGE facility; Resuscitation beds with advanced monitoring and defibrillation; Acute care beds with advanced monitoring; Trauma Care area; Dedicated Paediatric Care areas; Short stay facilities on an OP basis; 24x7 outpatient consultation with the doctor; 24x7 access to minor OT within the department; 24x7 Ambulatory care for

• To Page 7

#### • From Page 6

minor injuries and complaints; 24x7 ECG & Point of Care Cardiac diagnostics; Access to Radiology/Lab facilities; Bedside Ultrasonography; Ventilators and Point-of-care testing facility. The facility is integrated with a wide network of ambulance services.

#### Mobile ICU - hospital on wheel

The Indiana Trauma Care department has a Mobile ICU configured with medical equipment onboard. Staffed with a doctor and highly trained paramedics, the Mobile ICU is dispatched to emergency situations where patients require a higher level of care.

# Indiana a saviour to victims of road accidents

For the last two years, the Emergency Medicine Team of Indiana Hospital have been providing laymen and staff of many organisations and companies in Mangalore and nearby areas, CPR and Basic Life Support (BLS) training to enable them to respond properly during disasters and provide emergency services to victims before they are shifted to hospital for proper treatment. Emergency team have visited the offices of various organisations to demonstrate CPR and method of basic life support. These training, as part of corporate social responsibility (CSR), is being continued this year well.

Training encompasses cardio pulmonary resuscitation, artificial respiration, ways to control bleeding, safe transport of victims and first aid for victims of road accidents, burns, snake bites, electric shocks and poisoning.

The success of Indian Trauma Care System and its impact on patient outcomes is the result of the work of all staff providing care to major trauma patients at every stage of the patient's journey.

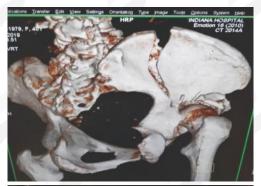


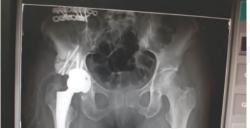
#### **EMERGENCY TRAUMA CONTACTS**

Emergency Consultant - 7899069044 Dr. Salfi - 9676334438 Dr. Ashok - 8113953170 Dr. Ajit - 8111819693



## A CHALLENGING HIP REPLACEMENT SURGERY AT INDIANA





Mangaluru: A challenging hip replacement surgery for a difficult and rare post traumatic hip was performed by doctors of Indiana Hospital in the month of January this year. A 55-year-old lady from Sulia (Dakshina Kannada) was operated upon by Dr. Naveenchandra Alva, senior consultant orthopaedic surgeon, at Indiana Hospital. The patient had met with an accident six months ago and sustained dislocation of her right hip with the acetabular fracture extending to the ilium. She was operated upon and her ilium was fixed. She was advised total hip replacement after fracture union.

Dr. Naveenchandra Alva said, "She came with a dislocation hip and her acetabular defect was grafted using femoral head and a total hip replacement was done using uncemented acetabulum and femur stem. The post-operative period was uneventful and the patient was able to move on the third post operation day. Now after the successful surgery at Indiana, she has made a fast recovery."



Dr. Naveenchandra Alva Senior consultant orthopaedic surgeon at Indiana Hospital

## **DEPARTMENTS AT INDIANA HOSPITAL**

#### **INHOUSE DOCTORS 24X7**

#### DEPARTMENT OF CARDIOLOGY

#### Dr. YUSUF A KUMBLE

MBBS, MD, DM (Cardiology - AIIMS), (DNB Cardio), FSCAI, FESC, FACC (USA) Chief Interventional Cardiologist Managing Director - IHHI Ltd.

#### Dr. ABDUL MANSOOR

MBBS, MD, DM (CARDIOLOGY), MRCP, AFESC Consultant Interventional Cardiologist & HOD

#### Dr. JENU JAMES CHAKOLA

MBBS, MD (GEN MED), DM (CARDIOLOGY) Consultant Interventional Cardiologist

#### DEPARTMENT OF CARDIOTHORACIC & VASCULAR **SURGERY**

#### Dr. FAZIL MOHAMMED AZEEM

MS (GEN SURG), FRCS (GLASG), FRCS -CTH Senior Consultant Cardiothoracic Surgeon

#### Dr. PRASHANTH VAIJYANATH

MBBS, MS (PGI), MCh (CVTS - AIIMS), FACS, FCS Senior Consultant Cardiothoracic, Vascular & Heart Transplant Surgeon

#### Dr. SIDDHARTH V.T.

MBBS, MS (Gen Surg), M.Ch (CVTS)
Consultant Adult & Paediatric Cardiothoracic Surgeon

#### DEPARTMENT OF CARDIAC ANAESTHESIA

#### Dr. K. MADHAN

MD, FCCM, DM (CARDIAC ANAESTHESIA) Consultant Cardiac Anaesthesiologist

#### DEPARTMENT OF INTERNAL MEDICINE AND **CRITICAL CARE**

#### Dr. ADITHYA BHARADWAJ

MBBS, DNB (MED), MRCP (U.K.), MRCP (LON) IFCCM Consultant Physician, Diabetologist & Intensivist

#### Dr. SAYID FAHAD NIZAR

MBBS, MD (GEN-MEDICINE) Consultant Physician

#### DEPARTMENT OF PAEDIATRICS

#### Prof. Dr. ALI KUMBLE

MBBS, MD (PAEDIATRICS) HOD (PAEDIATRICS) Chairman-IHHI Ltd.

Dr. ABHISHEK K. PHADKE
MBBS, DNB (PAEDIATRICS), FIAP (NEONATOLOGY)
Consultant Neonatologist

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#### Prof. Dr. KOCHIKAR GANESH PAI

MBBS, MS, MCh (Paediatric Surgery) FICS, FICA (USA), FIAMS, FISPU Senior Paediatric Surgeon & Paediatric Urologist

#### Dr. VIJAYMAHANTESH S. SAMALAD

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#### Dr. AHMED RIZWAN CM

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#### Dr. SHUBHA DHANPRAKASH

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#### DEPARTMENT OF NEUROLOGY

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#### **Dr. ELVIS RODRIGUES**

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#### DEPARTMENT OF PSYCHIATRY

#### Dr. SIVA SIVAKANTHA

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#### DEPARTMENT OF DENTISTRY

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BDS, MDS Consultant Paediatric Dentist

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#### DEPARTMENT OF OPHTHALMOLOGY

#### Dr. SHAHIDA BANU

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#### DEPARTMENT OF ANAESTHESIOLOGY

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#### Dr. SHANFAR

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